

Application Form

Psychology Internship Training Program

VA Medical Center, Portland, Oregon

To be considered, all application materials *must* be postmarked no later than November 4, 2005. Include all materials listed on page 26 of the internship brochure.

Name _____

APPIC No. _____ U.S. citizen? Yes ☐ No ☐

Mailing address _____

City _____ State _____ Zip _____

Work phone () _____ Home phone () _____

University and Program _____

Director of Training _____

Clinical Ph.D. ☐ Clinical Psy.D. ☐ Counseling Ph.D./Ed.D. ☐

Program APA-approved? Yes ☐ No ☐

Have you completed all course work for your doctorate? Yes ☐ No ☐

If not, when do you plan to do so? _____

Have you passed your qualifying exams? Yes ☐ No ☐

If not, when are they scheduled? _____

What is the current status of your dissertation? (Check all that apply):

Preproposal ☐ Proposal accepted ☐ Data collected ☐ Defended ☐

To which track are you applying? (You may mark both if you are interested in being considered for both tracks):

Health Psychology ☐

Generalist ☐

Mail Application materials to:

David W. Greaves, Ph.D., Director of Training
Psychology Internship (P3MHDC)
Portland VA Medical Center
3710 SW U.S. Veterans Hospital Road
Portland, OR 97239

Message Phone: (503) 220-8262, Ext. 56504

Fax: (503) 220-3499